of should

item

PHYSICIANS

TI

0

M

stated

should

supplied.

carefully

should be

WRITE

B

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 000 County Marek Registration Dist. No. Village of City accident Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. wrs.____mos.____ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. statement 2. FULL NAME Maux (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) classified 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I altended deceased from 22. (or) WIFE of certificate. 6. DATE OF BIRTH (month, dey, and year) properly 7. AGE. Months Davs If LESS than to have occurred on the date stated above, al ... I day, hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of onset 8. Trede, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ may 10. Date deceased last worked et 11. Total time (years)
spent in this this occupetion (month and occupation .. instructions Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) terms, FATHER See 14. BIRTHPLACE (city or lown) Neme of operation..... (State or country) What test confirmed diagnosis? Was there en autopsy?. MOTHER important. IS. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of Injury______ 19. (State or country) Where dld injury occur?____ DE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury MaDate Way 8 1934 Neture of Injury_____ LION 19. UNDERTAKER 24. Was disease or injury in any wey related to occupetion of deceased? If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regioning V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUIGINE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	WRIT	mation	USE
No. 1	B.—W	ma	CA
V. S.	ż	(1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Garrett	Registration Dist. No. / 6 0
Village or City Swantow	Np. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Grahibald H. Beck	man
(a) Residence: No. Orut Side	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MOL 26' (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May J. Beckman	22. I HEREBY CERTIFY, That I attended deceased from 1934, to 26", 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at by 10 mportance The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	alle of onset
Note: Saw Mill, Bank, etc	broten compensation
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Swanton, Md (State or country)	Other Contributory Causes of importance: Assu 16 Natural an Assume
	-
13. NAME Rudolph Beckman 14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation Date of
15. MAIDEN NAME Elizabeth OBrien 16. BIRTHPLACE (city or town) accident Md (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT May J. Beckman	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Morth Glade Date Nov. 28, 1934	Manner of injury
19. UNDERTAKER EMPLOY Belden Mind	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 11/2/ 1934/MR G. G. ashler Registrar.	(Signed) A: CO. M. D. M. D. (Address) (Address) M. D.

11202

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 wcek ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

See instructions on back of certificate.

TION is very important.

of OCCUPA-

11304

1. PLACE OF DEATH	THE OF BEATT
County & mell	Registration Dist. No./6
Village or City Lennings	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign blrth?ds.
2. FULL NAME Eller Dillureife	
. (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of Columnary Bellanees	22. 7 I HEREBY CERTIFY, That I attended deceased from 19.34, to ADD 26.19.34
6. DATE OF BIRTH (month, day, and year) femel 24 1852 7. AGE Yeers Months Days If LESS than	I last saw h. eq. alive on 21015 26 , 1934; death is said
7. AGE Yeers Month's Days If LESS than 1 day,hrs. ormln.	to have occurred on the date stated above, at 1,22 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of oneet
8. Trade, profession, or particular kind of work done, as SPINNER. Course of SAWYER, BOOKKEEPER, etc.	Washer carcupula 1925
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
13. NAME Joseff Der	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marie Hourselt. 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Way 15 illunger	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place I Lautaville Date 100 29, 195 C	Manner of injury
19. UNDERTAKER In Uniterfreeg	Neture of injury 24. Wes disease or Injury in any wey related to occupation of deceased?
20. FILED Nov 29, 19 34 6 74 Lill Registrar.	(Signed) M. D. (Address) Mantavalle

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
123 1 Day Assessment				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH County Willage or City On Addition of the County of t	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. St. More length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME Length of residence in city or town where death occurred. (a) Residence: No. (b) Length of residence in city or town where death occurred. (b) Residence: No. (c) Residence: No. (c) Residence: No. (c) Length of residence in city or town and State. PERSONAL AND STATISTICAL PARTICULARS 3. EXX 4. COLONOR RACE 5. SIN COLONOR RACE 6. DATE OF BIRTH (month, day, and year) 7. ACE 7. ACE 7. Trade, profession, or particular 8. Index who could be sold and sold and saled above, at 10.3 O. Am. 10 And the saled above, at 10.3 O. Am. 11 Length of the country) 12. RITHPLACE (city or town) 13. INAME 14. INAME 14. INAME 15. MINITHPLACE (city or town) 15. MINITHPLACE (city or town) 16. SIN Country 16. SIN Country 16. SIN Country 17. INFORMANT. 18. SINTHPLACE (city or town) 18. SINTHPLACE (city or town) 19. SINTH	1. PLACE OF DEATH	49
Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. 2. FULL NAME Langth and the Control of	County Survell	Registration Dist. No. / 6 6
Length of residence in city or town where death occurred (a) Residence: No. (Clearly place of about) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOP OR RACE S. SINCLE MARRIED WIDOWED OR DIVORCED (write the word) Warried widowed grow divorced (a) Ward. 1. DATE OF DEATH ON. (Clearly place of about) 1. DATE OF DEATH ON. (Clearly place of about) (Clearly place of about) 1. DATE OF DEATH ON. (Clearly place of about) (Clearly place of about) (Clearly place of about) 3. SEX 4. COLOP OR RACE S. SINCLE MARRIED WIDOWED OR DIVORCED (write the word) Volume of the about of the about of the color of the c		
(a) Residence: No	B 4. 41 / 11 1 1 1	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOGOR RACE S. SINCIE, MARRIED, WIDWOWD, JORD DIVORCED (curic the word) What a married, widowed or divorced HISBARD of Months 6. DATE OF DEATH Whishard of Worth one, SPINNER 7. ACE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER SAW MILL BARK, etc. 8. Industry or business in which SAW MILL BARK, etc. 10. Date General causes of importance Were as follows. 11. Total time (years) Sam In this occupation (month and year) 12. BIRTHPLACE (city or town) Call 13. NAME ALL BIRTHPLACE (city or town) Accident, sucided, or homicide? What test confirmed diagnosis? What	2. FULL NAME legstagga mafel Blak	ee g
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR-OR RACE 5. SINCLE MARRIED, WIDOWED, Comits the word) 5. If married, widowed, or divorced HUSBARD of (cr) Wife of Journal Agency of Months 5. If married, widowed, or divorced HUSBARD of (cr) Wife of Journal Agency of Months 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. ACE 7. ACE Years Months Days 11 LESS than Iday, 13 Lists saw h. 2 silve on 19 J. Jeach is said to have occurred on the date stated above, at 10:30 ftm. To have occur		
3. SEX Letter 10 10 10 10 10 10 10 10 10 10 10 10 10		
Sample Witte OR DIVORCED (warried Own Own 19 (Worth) Own 19 (Worth) Own		
3. If HEREBY CERTIFY, That Lattended deceased from (NO) WIFE of Centributery Casyle of importance were as follows: 8. Trade, profession or particular and the companies of the profession of the profession of the companies of the profession of the	Temale white narried married	1/00 3 1954
7. AGE Years Months Days ITLESS than 1 day, https://dx.doi.org/10.10.00.00.00.00.00.00.00.00.00.00.00.0	HUSBAND of	
7. AGE Years Months Days ITLESS than 1 day, https://dx.doi.org/10.10.00.00.00.00.00.00.00.00.00.00.00.0	5 DATE OF RIPTH (month day and wass) (1/2: 1 /8- 1864	liset caw help alive on 100 2 103 4 death is said
S. Trade, profession, or particular, and of the profession, or particular, and of work done, as SPINIME SAWYER, BOOKKEPER, etc. S. Hold of work done, as SILK MILL, SAWYER, BOOKKEPER, etc. S. Hold of work done, as SILK MILL, SAWYER, BOOKKEPER, etc. S. WILL, BARN, etc. 10. Date deceased last worked at this occupation (month and year) S. BIRTHPLACE (city or town) Sulling Maryland (State or country) 13. NAME STHIPLACE (city or town) Sulling Maryland (State or country) 15. MAIDEN NAME Sulling Maryland (State or country) 16. BIRTHPLACE (city or town) Sulling Maryland (State or country) 17. INFORMANT Sulling Maryland (State or country) 18. BURIAL, CREMATION, OR REMOVAL Date Maryland (Address) Maryland (State or country) Maryland (Address) Maryland (State or country)		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Name of operation. 12. BIRTHPLACE (city or town)	30 6 8 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Some of the control	8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKESPER, etc.	Fordeyes Jan
12. BIRTHPLACE (city or town) Colline Maryland	9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc.	
12. BIRTHPLACE (city or town). Calling Maryland 13. NAME	2 Spell I II fill 2	
(State or country) 13. NAME 14. BIRTHPLACE (city or town)	6.00. m 0 0	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Quantum West of City or country) 17. INFORMANT Called Blake Confirmed diagnosis? Was there an autopsy? 18. BURIAL, CREMATION, OR REMOVAL M. Date Months Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER Engage for the company of		Marie Cours
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Quantum West of City or country) 17. INFORMANT Called Blake Confirmed diagnosis? Was there an autopsy? 18. BURIAL, CREMATION, OR REMOVAL M. Date Months Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER Engage for the company of	13. NAME Kaeph J. askly	<i>y</i>
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Quantum West of City or country) 17. INFORMANT Called Blake Confirmed diagnosis? Was there an autopsy? 18. BURIAL, CREMATION, OR REMOVAL M. Date Months Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER Engage for the company of	14. BIRTHPLACE (city or town) le relline maryland	Name of operation
Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 19. The remover of the properties of	(State of country)	What test confirmed diagnosis? Was there an autopsy?
Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 19. The remover of the properties of	15. MAIDEN NAME Kachele J. Shager	
17. INFORMANT Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Date North State Date Nature of injury 19. UNDERTAKER Experience of Company of the Company of th	State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place Darkland Date North D., 1934 Nature of injury 19. UNDERTAKER Experience (Address) 20. FILED 1934 (Address)		(Specify city or town county and State)
Place Carland Date 101 D., 1997. 19. UNDERTAKER English Ball 24. Was disease or injury in any way related to occupation of deceased? (Address) 16 so, specify (Signed) 17. Carland M.D. Registrar. (Address)	0 1/00 //200	Manner of injury
20. FILED 1 1934 Milia Kowan (Signed) M. C. Hurebough M. D. Registrar. (Address) AN C. (Address) M. D.	Place Wakland IV J Date / Wil D , 1997	
20. FILED // 1 1934 Julia Kowa (Signed) M. C. Herrebergh M. D. Registrar. (Address)	77.	
	11/2/ 21/21/11	MO Heresteen

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 weck ago
July 5,1927	Perilonitis	3 days ago
A	INSECTIANT	
	Other contributory causes of importance:	
May 1,1923	Gastrocnteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(IIa)
County of grilling.	Registration Dist. No. 162
Village or City Syrautsville	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Car ley Broadwe	rtu
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word)	21. DATE OF DEATH Mar 2 , 193 (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, dey, end yeer) May 2 1934	i last saw h. L.M. alive on
7. AGE Years Months Deys If LESS than	to heve occurred on the deta steted ebova, at 2 200 Pm.
8 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reteted causes of importanca were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cholera Infantum you 14
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased lest worked et this occupation (month end	
10. Date decaased lest worked et this occupation (month end yeer) 11. Total time (years) spent in this occupation	
The same	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME Howard Broadwester	
E	Neme of operation Dete of
14. BIRTHPLACE (city or town) (Steta or country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Tressa Broadwaler	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME I NESCE Broadwalu 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did Injury occur?
17. INFORMANT Tryoard Broadwaln	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece New Samary Dete 1 61 22, 1954	Nature of Injury
19. UNDERTAKER Balph Waland	24. Was diseese or injury in any wey related to occupation of deceesed? 200
(Address) Grantswell . grd	If so, specify
20. FILED Nov 22, 19 34 574 Que	(Signed) M. D. (Address) Autural Manual Manu
If more blanks are needed, address State Registrar.	2411 N. Charlet Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(239)
County Darr & th	Registration Dist. No. 7
Village or City Mst. Lake Park	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in oity of togen where death occurred # 3 yeamos	ds How long in U.S. if of foreign birth?
2. FULL NAME John Edward Lineal	n Callis
(a) Residence: No. Loch Lynn	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or fivorced	
(or) WIFE of Swen	22. I HEREBY CERTIFY. That t attended deceased from Mail 20" 1934, to Mail 5", 1934
C DATE OF BIRTH (worth down of the 1965)	I last saw h LML alive on Och, 31" 1934; death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 9.50.P.m.
60 0 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc. Slack smith	Ombotec nekater/ abscess.
kind of work done, as SPINNER BLACK SMITCH SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL Slacks smith Shok SAW MILL, BANK, etc. 10. Date deceased last worked at this occurrent is this occurrent to this occurrent in this court of the same of the state of the same of the	I relective agent from a
SAW MILL, BANK, etc. 11. Total time (years)	Chronic khlebitis of the lower
this occuration (month and 1935) 11. Total time (years) spent in this occupation	extremities.
Nach	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Handle Co. W. Vac	
The state of the s	
I I	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?_22Q
E	23. If death was due to externat causes (VIOL ENCE) filt in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
0.10 8 8 000:43	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in Industry, in nowe, of in Public Place.
18. BURIAL, CREMATION, OR ALMOYSE +	Manner of injury
Phonderly temelog Dail for 7 1994	Nature of injury
19. UNDERTAKER Herbert & Leighton	24. Was disease or injury in any way related to occupation of deceased?
(Address) Mit. Ladel Parks Wax	If so, specify A A ASIA
20 FILED // 6/ 1934 polis Rowan	(Signed) / Larry W. /// () 611/Ws. M.D.
20. FILED 19 V J Registrar.	(Address) (Califand Ma
Af more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		RECEIVED		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Garrett	Registration Dist. No. 2 166
Village or City Mit Label Park. Mg	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
2. FULL NAME Puth Lee Gear	4L
(a) Residence: No. Met. Lake Parlo Mis	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Finale White Single, Married, Widowed, OR DIVORCED (while the word)	21. DATE OF DEATH 29 (Month) (Ver)
Sa. It married, widowed, or divorced HUSBAND of Low WIFE of Liter & Grock, Lovel	22. NHEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, dy, and year) May 12. 1933	I last saw here elive on 29 19:34; death is said
7. AGE Years Months Days If MESS than	to have occurred on the date stated above, at 4.36 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	The state of the s
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Garmania, W. Vac.	Other Contributory Causes of importance:
(State or country)	Menses
II 13. NAME Exoch George	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lucie Virginia Kerno	23. If death was due to external causes (VIOLENCE) fill In also the following:
(Stata or country)	Accident, suicide, or homicide? Date of injury, 19
P. H. Carrier	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT AMMAN (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Policy / A ale Date 100 30 1934	Manner of injury
Section to the	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER THREETINGS OF THE MAJE	If so, specify \(\int \alpha \)
20. FILED 11/28 1934 Julio Lowan	(Signed) 1. J. Prancual M. D.
20. FILED	(Address) Oarland Tud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:		
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				
-					

X	RD. Every item of infor-	YSICIANS should state	statement of OCCUPA.	
R BINDING	A PERMANENT RECOI	ted EXACTLY. PH'	perly classified. Exact	ificate.
MARGIN RESERVED FOR BINDING	FADING INK-THIS IS	lied. AGE should be stal	ms, so that it may be pro	istructions on back of cert
MAI	N. B.—WRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WR	mati	CAU	TIOIT

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Garrelle	Registration Dist. No. /4/
	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME & Trove	
(a) Residence; No./ (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male Mule S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Nov /6 (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Viola Grove	22. I HEREBY CERTIFY, That I attended decased from Nov 3 = 1924, to Nov 16 1924.
6. DATE OF BIRTH (month, day, and year) May 30 1857	I last saw h in alive on row 15th , 19 1/2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 16.30 Am.
83 S 16 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one of the principal
8. Trade, profession, or particular kind of work dona, as SPINNER, Transcription SAWYER, BOOKKEPPR, etc.	Cause of Stomache
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
D. Data deceased last worked at this occupation (month and 1920 occupation Through the spant in this occupation the spant in this occupation occupation the spant in this occupation occupation the spant in this occupation the spant in this occupation occupation the spant in the	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country) Maryland	Certinal Dellevas
13. NAME Jessie Grove	
14. BIRTHELACE (city or town) Nat Known	Name of operation
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Nat Known 16. BIRTHPLACE (city or town) Nat Known (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Nat Known	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAKE PRINCIPLE (Address) Newport Make	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Blooming Rose Date Nov 18, 1934	Nature of injury
19. UNDERTAKER ESAFarned (Address) Brandonville Wive	24. Was disease or Injury In eny way ralated to occupation of deceased?
20. FILED NOV 17, 1974 Jeannette Stalle, Registrar.	(Signed) A freedaalle med.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

	9		
for	tat	PA	
in	US.	5	
of	pli	$\ddot{\circ}$	
E	101	0	
ite	S	of	
N.	S	ut	
ve	V	nei	
E	ICI	ter	
RD	YS	sta	
0	H	ct	
E	-	Xa	
K	Y.		
Z	1	-	
EZ	E	fie	
A	A C	SSi	
RM	×	cla	
E	M	>	te.
1	ed	erl	fica
20	tat	rop	rtii
SI	US:	Q	ce
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	rion is very important. See instructions on back of certificate.
I-	pli	ay	ck
K.	hor	H	ps
Z	(F)	t ii	on
C	3	tha	Su
Z	4	96	tio
AD	èd.	ŝ	ruc
F	plie	Lm	nst
5	dn	te	e i
H	S	ain	Se
II	E .	pl	ند
=	ref	in	an
Y,	cal	H	ort
Z	e e	A	mp
AI	q J	DE	y ii
PL	oul	1	er
	sh	0	S
	no	SI	Z
WR	ati	AU	10
1	=	23	

	STATE (OF MAR	YLAND-	-CERTIF	ICATE (OF DEA	TH 1	1370
1. PLACE OF DE					_ 3			1
County ya			Registration	Dist. No. 16	Cf-			
Village or City_	reciden	t		No			St.,	Ward
Length of residence i	n city or town where	deeth occurred	yrsmos	If death occurred in	a hospital or institut ow long In U.S. if of	ion, give its NAM	E instead of street a	and number)
2. FULL NAME.			Serm)				
(a) Residence: No		(Usual place	of abode)	St.,	Ward.	If nonresident	give city or town	-16
PERSONAL A	ND STATIST			1	MEDICAL CE			
3. SEX Alale 4. CO	LOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE ((Month)	6 (Day)	, 193 4 (Yeer)
5a. If married, widowed, or of HUSBAND of (or) WIFE of	livorced			22. 1	HEREBY		Y. That I attend	ded deceased from
6. DATE OF BIRTH (month,	dey, and yeer)	1-6-34	4	I last saw h	elive on			deeth is said
7. AGE Yeers	Months	Days	If LESS then 1 dey,hrs. ormin,	to have occurred	d on the dete stated	i ebove, at	m,	, 00011113 30112
8. Trade, profession, or	particular		, VI	were es rollows	•			Date of onset
	ne, as SPINNER, (EEPER, etc			1	-001			
9. Industry or busines work wes done, SAW MtLL, BAN	s in which es SILK MILL, K. etc.			Bru	u for	~ 7	pre	
10. Dete deceased lest this occupation (worked et	spei	ime (yeers) nt in this upation					
12. BIRTHPLACE (city or tow (State or country)	(n)			Other Contribute	tory Causes of impor	tance:		
1 13. NAME Dass	d Ke	•						
		CATC .						
4 14. BIRTHPLACE (city of (State or country)		<i></i>		Neme of operation Whet test confirm	/4	hycical	7 Dete o	f eu'opsy? Ka
15. MAIDEN NAME	Mand	Bauxe	1	23. If death was d	due to external caus	es (VIOLENCE) fil	I in elso the follow	ving:
16. BIRTHPLACE (city of		a		Accident, suicide	e, or homicide?		Date of injury	, [9
17. INFORMANT(Address)					injury occurred in	(Specify city or INDUSTRY, in HO	town, county and i ME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OF Plece. Alcid	lent.	Dete	8 ,19 84	Manner of injury	y			
19. UNDERTAKER ONLY (Address)	m Ollis	tulu	19,		or injury in any we		ation of deceesed?	
20. FILED 1. 7	, 193 F Q	.9. Prie	leten Registrar.	(Signed)	dress)	neger	dele	M. D.
	If more	blanks dre needed, a	ddress State Registrar,	2411 N. Charles Str	reet, Baltimore, Req	uesting U. S. No.	z.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	es Date of onset	
Arteriosclerosis	1915	Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
# HOTALLY				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

		100	
		•	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1137

OF	DEATH	1101

Registration Dist. No. 16	6
NoSt.,	
and the second second and the second	Ward
occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrsm	
St., Ward. If nonresident give city or town and	Stote
MEDICAL CERTIFICATE OF DEATH	
November, 2, 1934	, 193(Year)
I HEREBY CERTIFY. That I attended	deceased from
est eaw him alive on NOV. 2, 1934 10	, 19_534
have occurred on the date stated above, at 11:45 mA	., death is sel
e PRINCIPAL CAUSE OF DEATH and releted causes of importance	Date of onse
ute Coronary clusion	l-hr
ner Contributory Causes of importance:	
me of operation Date of	
If death was due to external causes (VIOLENCE) fill in elso the following	
ere did injury occur?	
ecify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ĂĆE.
nner of Injury	
Was disease or injury in any way related to occupation of deceesed?so, specify	
(Address) Qakland-, Md	
S her mail to the second	MEDICAL CERTIFICATE OF DEATH DATE OF DEATH November, 2, 1934 (Month) (Day) I HEREBY CERTIFY. That I attended Nov, 2, 1934 to Nova 2. st saw him alive on Nov, 2, 1934, 19 nave occurred on the date stated above, at 11; 45 mA PRINCIPAL CAUSE OF DEATH and releted causes of importance e as follows: Ute Coronary Clusion Date of death was due to external causes (VIOLENCE) fill in elso the following ident, suicide, or homicide? Date of injury ere did injury occur? (Specify city or town, county and Steten of Injury ure of Injury ure of Injury ure of Injury ure of Injury vas disease or injury in any way related to occupation of deceesed? o, specify o, specify Open of Death If nonresident give city or town and attended to occupation of deceesed? Open of Death November, 2, 1934 November,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emlepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

_	- 2
	ATMIT
	TOT
1	STONE GIVE
V. S. No.	0
>	Z

11	STA	TE OF	MARYL	AND-	CERTIFICATE OF DEATH	3 2
1.	PLACE OF DEATH	. 1	_			/
	County & arr	ett			Registration Dist. No.	6
	Village or City_//	t. La	tre o	ark	No. St., St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	Length of residence in city or	town where death	occurred			
2.	FULL NAME LA	thes	ine.	e,	Meuke.	
	(a) Residence: No.				St., Ward.	
	PERSONAL AND		(Usual place of ab		If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	late
3. SEX			INGLE, MARRIED		21. DATE OF DEATH	
T-e	male July		P DIVORCED (w		(Month) (Day)	193 (Year)
F	married, widowed, or divorced HUSBAND of or) WIFE of	0.00	5 211	. 4-	22. I HEREBY CERTIFY, That I attended de	
	reur	now	2, 14	eune	Oply, 103, 10 Lovember	., 1934
	TE OF BIRTH (month, day, and		1-1873		17.00	death is said
7. AGE		Months	Days 1	If LESS than day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
1	6/	0	D Or	rmin.	ween as follows:	Date of onset
No	8. Trada, profession, or particukind of work dona, as S	PINNER, /	1 10 1	with	Carriag Delougentations	132
OCCUPATION	SAWYER, BOOKKEEPER, 9. Industry or business in whi	ch	dissell in the second bet.		Chanc Monaula Mphristra	1932
UPA	work was done, as SILK SAW MILL, BANK, etc	MILL,				
	Date deceased last worked this occupation (month a year)	at nd	11. Total time (spent in occupation	this		
12. BI		90.		P	Other Contributory Causes of importance:	7
12. BI	RTHPLACE (city or town) (State or country)	vxx	بيسال.	T,	a la	9
FATHER	3. NAME Heure	1,000	reku	er	San Marketta Balance	
¥ 14	I. BIRTHPLACE (city or town)	18.1	un-a	worden !	Name of operation Data of	
	(State or country)		ND		What test confirmed diagnosis? Was there an aut	topsy?
MOTHER 16	5. MAIDEN NAME Chy	sline	8 80	ller	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTHE	6. BIRTHPLACE (city or town)	Hermo	my		Accident, suicide, or homicide? Date of Injury	, 19
-	(State or country)		0	1	Where did injury occur? (Specify city or town, county and State)	
17. IN	FORMANT Carce (Address)	Menke	Qakla	and Mi	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BU	RIAL, CREMATION, OR REMO	VAL	Tr.	10 0.	Manner of Injury	
	Place MELLER	Clu Da	te/100.	12,19.24	Nature of Injury	
19. UN	(Address)	ay D	Bol	ly	24. Was disease or injury in any way related to occupation of deceased?	
20. FIL	11/11/2	4 Juli	a Roi	ver	(Signed) lo - Hom Jam Jan	M. D.
4/	1/	(he man be t	are needed, addres	Registrar.	(Address) Payment Street Ballingue Payment St. S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RD	YS	sta	
	RECO	. PH	Exact	
NDING	RMANENT	XACTLY	classified.	
FOR BI	IS A PEI	stated E	roperly	ertificate.
DI	IS	s ec	ое р	of ce
1 MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH CNFADING INK—THIS IS A PERMANENT RECORD	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	TION is very important. See instructions on back of certificate.
V. S. No. 1	B	,		1
>	z		1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	13.3
1. PLACE OF DEATH	(93-C)	15
County Garrett Cs:	Registration Dist. No.	22
Village or City Bacton ma	NoSt.,	Ward
Length of residence In city or town where death occurred 4 tyrs. 6 mos	f death occurred in a horpital or institution, give its NAME instead of street and no sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Eliza Leth Broadwa	tes micheal	
(a) Residence: No. Latton, md.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	4
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193(Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Letes Franklin Mucheal	22. I HEREBY CERTIFY, That I attended d	eceased from
DATE OF BIRTH (month, day, and year) Sekt. 17.1863	f last saw hare alive on NOT 10 1934	death is said
AGE Years Months Days If LESS than	to have occurred on the date stated abovo, at 2304m.	, 000 10 00.0
7/ 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	6. (
8 Trade profession or particular	200000000000000000000000000000000000000	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month and	Chronic anyoxordities Curs B.	
10. Date deceased last worked at this occupation (month and year) 10. 4.3.4.4 11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) Red Sermany (State or country) Janette Co. That	Other Contributory Causes of importance:	No-17-
13. NAME efferson Broadwater		
13. NAME GELSON Groadwater 14. BIRTHPLACE (city or town) Mess Service (State or country) Sameth Ca. mill	Name of operation Date of What test confirmed diagnosis? Was there an au	Maney? Wo
15. MAIDEN NAME Elizabeth Custer	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	, 19
(State or country) Fairette Cs. Mil	Where did injury occur?	
17. INFORMANT FOR FORMANT AND	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Textury 11 Date 111 , 1902	Nature of injury	
19. UNDERTAKER David & Boal (Address) Bouton	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED NOV. 12, 1934 Dorsey Cattion	(Signed) R. 9 Franksky (Address) Westernsport L	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 4 1 1	July 5,1927	Peritonitis	3 days ago
	EURFAN V	1		
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				1		

B

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-17
County Garrett	Registration Dist. No. / 6
Village or City Mod. Lake farks.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	. / U ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME James Edward M	are and
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male Vhite S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(OL) WHE SI Enlatia Ellen Mareland	22. I HEREBY CERT TO Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) and 22, 1854	I last saw he elive on Nov 2, 193 4; death Is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 m.
81 2 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S. Trade, profession, or particular kind of work done as SPINNER.	SAL
kind of work done, as SPINNER, + armer	Hordey Des
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Greenery course and form of pasal-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation/month and 1934 spentin this occupation	your T Cerebral henorshoogh. Change
year) year) year) year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town),	Other Conditionary Causes of Importance.
(State or country) Hampslure to, W. Vas	artered Theretes
13. NAME / Teury Mareland	
13. NAME / Yeury Mareland 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jane MSChoud 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT D. A. Mareland (Address) Mareland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Marchand Cemelry Date 100. 6, 134	Nature of injury
19 UNDERTAKER Q 7. Casaira	24. Was disease or injury in any way-related to occupation of deceased?
(Address) Derra Alla, 490a.	If so, specify MA-9-4-
20. FILED // 57, 1934 Julia Rowan Registrar.	(Signed) A fullback M. D. (Address) Carle William M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

S. Contraction	SIA	IE OF	MAR	YLAND-	CERTIFICATE OF DEATH
	1. PLACE OF DEATH				Man of
	County Garrett	Ł			Registration Dist. No. 169
	Village or City Deer	Park .	Maryla	nd.	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or to	vn where death	occurred		sds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Carri	e Ell	en Naz	elrod	
	(a) Residence: No.				St., Ward.
-	DEDCONAL AND CT	A-10-10	(Usual place of		If nonresident give city or town and State
3.	PERSONAL AND ST			RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	Temale Whit			(write the word)	November, 28, 1934
-	5a. If married, widowed, or divorced				(Month) (Day) (Year)
	HUSBAND of (or) WIFE of				22. 1 HEREBY CERTIFY, That I attended deceased work
		Oct	20	2074	1/0V 27, 19 34 to 19
-	. DATE OF BIRTH (month, day, end ye . AGE Years M	onths	, 20. Days	1934	to have occurred on the date stated above, at 2.7 m.
		/	278	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
z	8. Trade, profession, or particular kind of work done, as SPIN		2	r or min.	were as follows: Puerce & tate of onset
TIO	SAWYER, BOOKKEEPER, etc	INER, I	nfant		- followed a severe cold - cup.
UPA	9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc	LL,			0
OCCUPATION	10. Date deceased last worked at this occupation (month and year)		11. Total tir	ne (years) t in this pation	no history of any center infections or
17	z. BIRTHPLACE (city or town) Dec	r Par			Other Contributory Causes of importence:
ER	1	rod			
FATHER	14. BIRTHPLACE (city or town)	oodst		9.4	Name of operation Data of
S.			30.		What test confirmed diagnosis? Was there an autopsy?
MOTHER	16. BIRTHPLACE (city or town)		lle, W	.VA.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
-	7. INFORMANT John Naz (Address) Deer Par				Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18	8. BURIAL, CREMATION, OR REMOVAL		Date NOV.	30.,1934	Manner of injury
19	9. UNDERTAKER John Mas (Address)	bur a	arks In	nd.	24. Was disease or injury In any way related to occupation of deceased?
20	0. FILED 1/28/ 1934	whi	Ros	in	(Signed) // Office bucy M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		WEGEIVED!	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

Exact statement

properly classified.

certificate.

of

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

1. PLACE OF DEATH	(82-a)
County of quell	Registration Dist. No. 170
Village or City Louise arrange	NDSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME & Luisa Robes	e per
(a) Residence: No. Near avillou (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or bivorced	21. DATE OF DEATH 2 2 , 193 /4 (Month) (Day) (Year)
HUSBAND of HUSBAND of Orison WIFE of Hessie Robison	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) Auly 2 6 1852 7. AGE Years Months Days If LESS than 1 day,hrs.	I lest saw h elive on 19 deeth is seid to have occurred on the date stated above, et Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance ware es follows:
8 Trade profession or particular	Chillal Jaemonlage Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) (State or country)	Other Contributery Causes of Importance
13. NAME Hour Willelm	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Rachel Julismo 16. BIRTHPLACE (city or town) (State or equintry)	23. If deeth was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
17. INFORMANT Jessel Rofrisan (Address) Laura raving	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Revision Ceces Date 7100 2 5, 19 34	Manner of Injury
19. UNDERTAKER Now Westerberg (Address) Grantsville, Frank	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7100 24, 1934 Her B By own Registrar.	(Signed) Lio B Brown Freak Regular M.D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

	·		

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
SIAIL		MANAGE	בווה.	CLIVIII			

113.7

1. PLACE OF DEATH	(159)
County Larrell	Registration Dist. No
Village or City Frendowlle	No. St Ward
Village of only	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	nos. 20 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charline Court	doubtrouilk Selroye
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE The land of the word of the wo	21. DATE OF DEATH Acr 20 ,193 / (Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (bay) (rosi)
HUSBAND of (or) WIFE of	22. I HEREBY CERT1FY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Oct 30 h 34	I last saw h elive on here / 9th 19 4 death is seld
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
20 1 day,h	I THE I WHAT WE CHOSE OF DEWITH and related canges of importance
8. Trade, profession, or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	I semateur buth
9. Industry or business in which	71/2 Tuo
work was done, es SILK MILL, SAW MILL, BANK, etc.	
1D. Dato deceased last worked et this occupation (month and spant in this year) this occupation (month and spant in this year)	
year)	Dther Contributory Causes of importance;
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME James & Cover	2
14. BIRTHPLACE (city or town) Triendsolle my	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mystle Soudermille	23. If death was due to external causes (VIOLENCE) fill in elso the following:
I Schrage	Accident, suicide, or homicide?
16, BIRTHPLACE (city or town), Sanger Russell (State or country)	
C C	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address) frendulle, my.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Trules Italia pare (UV) 21, 193	Nature of injury
19. UNDERTAKER It The Dange	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Alanged Catalog	If so, specifyA
20. FILED not 21, 1934 Jeanneth Statle no	(Signed) M. D.
A Registrar.	(Address Trendente my
If more blanks are needed, address State Registr	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 4 1994	July 5,1927	Peritonitis	3 days ago
	Will V. B.			
Other contributory can	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

For sufficient for further STATEMENTS BY PHYSICIAN	,
For authoristation to change surname I chief see letter under "Vech" "/	9/
	1/34

1. PLACE OF DEATH Registration Dist. No. Village or City_/ __St.,___ (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence In city or town where death occurred yrs mos. ds. How long in U.S. If of foraign birth? yrs mos. ds. PHYSICIAN (a) Residence: Np. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorcad HUSBAND of 22. LHEREBY CERTLEY That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH Month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated abova, at I day-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc..... may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 11. Total time (years) 1D. Date deceased last worked at this occupation (month and spent in this occupation ... instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) Name of operation ... (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ d MOTHER ant. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: ir Accident, suicide, or homicide?_____ Date of injury______ 19____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address OF 18. BURIAK, GREMATION Manner of Injury WRITE TION Natura of injury. 24. Was disease or injury In any way related to occupation of deceasad? If so, specify (Signed) 20. FILED. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

RGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	fi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

200
- 4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BEC-7 1934	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year